2018 Current Fiscal Year Report: Antimicrobial Drugs Advisory Committee

Report Run Date: 06/05/2019 08:18:51 AM

1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2018
3. Committee or Subcommittee	**3b. GSA Committee No.**
Antimicrobial Drugs Advisory Committee	109

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	10/07/2016	10/07/2018	

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Authorized by Law

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
21 U.S.C. 394	11/28/1990	Continuing	No

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports No Reports for this FiscalYear

17a. Open 8 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 8

Meetings and Dates

Purpose	Start	End
On November 16, 2017, the committee discussed new drug application (NDA) 209367, ciprofloxacin inhalation powder, sponsored by Bayer HealthCare Pharmaceuticals, Inc., for the proposed indication of reduction of exacerbations in non-cystic fibrosis bronchiectasis (NCFB) adult patients (> or =18 years of age) with respiratory bacterial pathogens. The Agency is currently evaluating recommendations made during the advisory committee meeting.	11/16/2017	11/16/2017
The committee discussed new drug application (NDA) 210693, ciprofloxacin dispersion for inhalation, sponsored by Aradigm Corp., for the proposed indication of treatment of non-cystic fibrosis bronchiectasis patients with chronic lung infections with Pseudomonas aeruginosa. The Agency is currently evaluating recommendations made during the advisory committee meeting.	01/11/2018	01/11/2018
On May 1, 2018, The committee discussed new drug application (NDA) 208627 for tecovirimat, sponsored by SIGA Technologies Inc., for the proposed indication of the reatment of smallpox disease caused by variola virus in adults and pediatric patients. This product was developed under the Animal Rule (21 CFR part 314, subpart I). Agency Action: On 7/13/18 the Agency approved TPOXX (tecovirimat) for the Treatment of patients with human smallpox disease caused by variola virus.	05/01/2018	05/01/2018

On May 2, 2018, the committee discussed new drug application (NDA) 210303 for plazomicin, sponsored by Achaogen Inc., for the proposed indications for the treatment of complicated urinary tract infections and blood stream infections in adults. Agency Action: The Agency approved ZEMDRI (plazomicin) on 6/25/18 for Treatment of Complicated Urinary Tract Infections (cUTI), including pyelonephritis, caused by the following susceptible microorganisms: Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, and Enterobacter cloacae, in patients 18 years of age and older.	05/02/2018 - 05/02/2018
On July 12, 2018 The committee discussed new drug application (NDA) 210795, tafenoquine tablet, 150 milligram (mg), sponsored by GlaxoSmithKline Intellectual Property Development Ltd. England, for the proposed indication of the radical cure (prevention of relapse) of Plasmodium vivax malaria. Agency Action: On July 20, 2018 the Agency approved Krintafel for For the radical cure (prevention of relapse) of Plasmodium vivax malaria in patients aged 16 years and older who are receiving appropriate antimalarial therapy for acute P. vivax infection.	07/12/2018 - 07/12/2018
On July 26, 2018 The committee discussed new drug application (NDA) 210607, tafenoquine tablet, 100 milligram (mg), sponsored by 60 Degrees Pharmaceuticals, LLC, for the proposed indication of prevention of malaria in adults for up to 6 months of continuous dosing. Agency Action: On 8/8/18 the Agency approved Arakoda (tafenoquine) tablets, 100 mg, for the prophylaxis of malaria in patients aged 18 years and older.	07/26/2018 - 07/26/2018
On August 7, 2018, the committee discussed new drug application (NDA) 207356, amikacin liposome inhalation suspension, sponsored by Insmed, Inc., for the proposed indication of treatment of nontubercuolous mycobacterial lung disease caused by Mycobacterium avium complex in adults as part of a combination antibacterial drug regimen. The Agency is currently evaluating recommendations made during the advisory committee meeting.	08/07/2018 - 08/07/2018
On August 8, 2018, the committee discussed new drug applications 209816, for omadacycline tablets and 209817 for omadacycline injection, sponsored by Paratek Pharmaceuticals, Inc., for the proposed indications of community acquired bacterial pneumonia and acute bacterial skin and skin structure infections. The Agency is currently evaluating recommendations made during the advisory committee meeting.	08/08/2018 - 08/08/2018

Number of Committee Meetings Listed: 8

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	$32,886.00	$32,811.00
18a(2). Personnel Pmts to Federal Members	$0.00	$5,468.00
18a(3). Personnel Pmts to Federal Staff	$158,507.00	$158,564.00
18a(4). Personnel Pmts to Non-Member Consultants	$25,297.00	$21,874.00
18b(1). Travel and Per Diem to Non-Federal Members	$31,980.00	$34,399.00
18b(2). Travel and Per Diem to Federal Members	$0.00	$0.00
18b(3). Travel and Per Diem to Federal Staff	$0.00	$0.00
18b(4). Travel and Per Diem to Non-member Consultants	$34,155.00	$24,514.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	$74,183.00	$61,458.00
18d. Total	$357,008.00	$339,088.00
19. Federal Staff Support Years (FTE)	1.10	1.10

20a. How does the Committee accomplish its purpose?

The Committee reviews and evaluates available data concerning the safety and effectiveness of marketed and investigational human drug products for use in the treatment of infectious diseases and disorders and makes appropriate recommendations to the Commissioner of Food and Drugs.

20b. How does the Committee balance its membership?

Members are authorities in the fields of infectious disease, internal medicine, microbiology, pediatrics, epidemiology, statistics, and related specialties. The committee includes one technically qualified voting member who is identified with consumer interests. The Committee may include one non-voting member who is identified with industry interests.

20c. How frequent and relevant are the Committee Meetings?

The committee met eight times in FY-18. On November 16, 2017, the committee discussed new drug application (NDA) 209367, ciprofloxacin inhalation powder, sponsored by Bayer HealthCare Pharmaceuticals, Inc., for the proposed indication of reduction of exacerbations in non-cystic fibrosis bronchiectasis (NCFB) adult patients (> or =18 years of age) with respiratory bacterial pathogens. The Agency is currently evaluating recommendations made during the advisory committee meeting. Six committee members voted “Yes” that the applicant provided substantial evidence of the safety and efficacy for the ciprofloxacin dry powder (DPI) 14-day regimen in delaying the time to first exacerbation after starting treatment. These committee members noted the following: there was consistency among the combined data, there was confidence in the safe use of this product, though more frequent assessment of patient reported outcomes is needed in future trials. It was also noted that if the ciprofloxacin DPI 14-day regimen was approved now, phase 4 studies should be conducted to obtain more data to improve and refine the use criteria for ciprofloxacin DPI. Nine committee members voted “No.” These committee members noted that there were concerns with the inconsistency in the data between the two Phase III clinical trials RESPIRE-1 and RESPIRE-2 regarding efficacy. One committee member voted “Yes” that the applicant provided substantial evidence of the safety and efficacy for the ciprofloxacin dry powder (DPI) 28-day regimen in delaying the time to first exacerbation after starting treatment. This member noted that the combined data indicated a potential signal for efficacy. Fourteen of the committee members voted “No”, that the applicant did not provide substantial evidence of the safety and efficacy for the ciprofloxacin DPI 28-day regimen in delaying the time to first exacerbation after starting treatment. The Agency is currently evaluating recommendations made during the advisory committee meeting. On January 11, 2018, the committee discussed new drug application (NDA) 210693, ciprofloxacin dispersion for inhalation, sponsored by Aradigm Corp., for the proposed indication of treatment of non-cystic fibrosis bronchiectasis patients with chronic lung infections with Pseudomonas aeruginosa. Three committee members voted “Yes” that the applicant provided substantial evidence of the safety and efficacy of ciprofloxacin dispersion for inhalation in delaying the time to first exacerbation after starting treatment in non-cystic fibrosis bronchiectasis (NCFB) patients with chronic lung infections with Pseudomonas aeruginosa. The majority (12) of the committee members voted “No.” There were concerns with the inconsistency of the data between the

two clinical trials, ORBIT-3 and ORBIT-4. There was 1 committee member who abstained from voting. The Agency is currently evaluating recommendations made during the advisory committee meeting. On May 1, 2018, The committee discussed new drug application (NDA) 208627 for tecovirimat, sponsored by SIGA Technologies Inc., for the proposed indication of the reatment of smallpox disease caused by variola virus in adults and pediatric patients. This product was developed under the Animal Rule (21 CFR part 314, subpart I). The committee unanimously agreed that the risk-benefit profile of tecovirimat supports its use for the treatment of human smallpox. The members commented that the animal efficacy data was clear and the human safety study included diverse populations. The panel applauded the development of the animal rule and the applicant's fulfilment of these criteria. Committee members also noted that tecovirimat fills this unmet need since there is no current approved treatment for smallpox. Members commented on the lack of serious safety signals, but encouraged continued safety studies in more patients and subgroups to augment the currently limited data. Agency Action: On July 13, 2018, the Agency approved TPOXX (tecovirimat) for the Treatment of patients with human smallpox disease caused by variola virus. On May 2, 2018, the committee discussed new drug application (NDA) 210303 for plazomicin, sponsored by Achaogen Inc., for the proposed indications for the treatment of complicated urinary tract infections and blood stream infections in adults. The committee unanimously agreed (15) that the applicant provided substantial evidence of the safety and effectiveness of plazomicin for the treatment of complicated urinary tract infections in patients with limited or no treatment options. The majority of the committee (11) voted that the applicant has not provided substantial evidence of the safety and effectiveness of plazomicin for the treatment of bloodstream infections in patients with limited or no treatment options. The panel members who voted "Yes" (4) commented that the study showed some efficacy and safety for those with truly limited or no treatment options. They also commented that although there are many issues with the study, the totality of the data are compelling, and demonstrates efficacy and safety especially in the context of few to no treatment options for this lifethreatening infection. The members who voted "No" commented on the very small sample size and inadaquency of the non-inferiority analysis as a basis for approval. Members commented that the data were not convincing and did not meet the FDA's standards for substantial evidence of efficacy. Agency Action: The Agency approved ZEMDRI (plazomicin) on June 25, 2018 for the treatment of Complicated Urinary Tract Infections (cUTI), including pyelonephritis, caused by the following susceptible microorganisms: Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, and Enterobacter cloacae, in patients 18 years of age and older. On July 12, 2018, the committee discussed new drug application (NDA) 210795, tafenoquine tablet, 150 milligram (mg), sponsored by GlaxoSmithKline Intellectual Property Development Ltd. England, for the proposed indication of the radical cure (prevention of relapse) of

Plasmodium vivax malaria. The committee unanimously (13) agreed that the applicant provided substantial evidence of the effectiveness of tafenoquine for the radical cure (prevention of relapse) of Plasmodium vivax malaria. The majority of the committee (12) agreed that the applicant providedsubstantial evidence of the safety of tafenoquine for the radical cure (prevention of relapse) of P. vivax malaria. One committee member voted “No”. Agency Action: On July 20, 2018 the Agency approved Krintafel for For the radical cure (prevention of relapse) of Plasmodium vivax malaria in patients aged 16 years and older who are receiving appropriate antimalarial therapy for acute P. vivax infection. On July 26, 2018, the committee discussed new drug application (NDA) 210607, tafenoquine tablet, 100 milligram (mg), sponsored by 60 Degrees Pharmaceuticals, LLC, for the proposed indication of prevention of malaria in adults for up to 6 months of continuous dosing. The majority of the committee (9) agreed that the applicant provided adequate evidences of the safety of tafenoquine for the prevention of malaria in adults for up to 6 months of continuous dosing. Four committee members voted “No”. Agency Action: On August 8, 2018, the Agency approved Arakoda (tafenoquine) tablets, 100 mg, for the prophylaxis of malaria in patients aged 18 years and older. On August 7, 2018, the committee discussed new drug application (NDA) 207356, amikacin liposome inhalation suspension, sponsored by Insmed, Inc., for the proposed indication of treatment of nontubercuolous mycobacterial lung disease caused by Mycobacterium avium complex in adults as part of a combination antibacterial drug regimen. Twelve committee members voted yes, that the applicant provided substantial evidence of the effectiveness and sufficient evidence of the safety of ALIS for the treatment of nontuberculous mycobacterial (NTM) lung disease caused by Mycobacterium avium complex as part of a combination antibacterial drug regimen for adult patients. Two of the committee members voted “No”. Twelve committee members voted yes that the applicant provided substantial evidence of the effectiveness and sufficient evidence of the safety of ALIS for the treatment of nontuberculous mycobacterial lung disease caused by Mycobacterium avium complex as part of a combination antibacterial drug regimen for adult patients with limited or no treatment options. Two of the committee members voted “No”. Agency Action: The Agency is currently evaluating recommendations made during the advisory committee meeting. On August 8, 2018, the committee discussed new drug applications 209816, for omadacycline tablets and 209817 for omadacycline injection, sponsored by Paratek Pharmaceuticals, Inc., for the proposed indications of community acquired bacterial pneumonia and acute bacterial skin and skin structure infections. The majority of the committee members (17) agreed that the applicant provided substantial evidence of the safety and effectiveness of omadacycline for the treatment of acute bacterial skin and skin structure infections (ABSSSI). One committee member voted “No”. The majority of the committee members (14) agreed that the applicant provided substantial evidence of the safety and effectiveness of omadacycline for the treatment of community acquired

bacterial pneumonia (CABP). Four committee members voted “No”. Agency Action: The Agency is currently evaluating recommendations made during the advisory committee meeting. It is expected that this committee will meet four to six times in FY-19.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Members of the committee are drawn from academia, research and/or clinical practice. Their advice and input lends credibility to regulatory decisions made by the agency. The alternate means of obtaining this advice would be to hire large numbers of scientists on a full time basis at great expense to the government.

20e. Why is it necessary to close and/or partially closed committee meetings?

The committee held no closed meetings during FY-18.

21. Remarks

There were no reports required for this committee. The meeting minutes for both the July 12, 2018 and July 26, 2018 AMDAC meetings have not yet been posted to the committee website. They will be made available at a later date.

Designated Federal Officer

Lauren D. Tesh DFO

Committee Members	Start	End	Occupation	Member Designation
Andrews, Ellen	02/24/2014	11/30/2017	CONSUMER REPRESENTATIVE, Executive Director, CT Health Policy Project	Special Government Employee (SGE) Member
Baden, Lindsey	07/30/2014	11/30/2017	Director of Clinical Research, Division of Infectious Diseases, Brigham and Women's Hospital	Special Government Employee (SGE) Member
Baden, Lindsey	06/11/2018	11/30/2021	Director of Clinical Research, Division of Infectious Diseases, Brigham and Women's Hospital	Special Government Employee (SGE) Member
Clark, Nina	12/01/2016	11/30/2020	Associate Professor, Director, Transplant Infectious Disease Program	Special Government Employee (SGE) Member
Corbett, Amanda	09/29/2015	11/30/2018	Clinical Associate Professor, University of North Carolina, Eshelman School of Pharmacy	Special Government Employee (SGE) Member
Daskalakis, Demetre	09/29/2015	11/30/2018	Acting Deputy Commissioner, Division of Disease Control, NY Dept of Health and Mental Hygiene	Special Government Employee (SGE) Member
Follmann, Dean	02/09/2016	11/30/2018	Assistant Director of Biostatistics, NIAID	Regular Government Employee (RGE) Member
Green, Michael	05/31/2016	11/30/2019	Physician, Professor of Pediatrics and Surgery, Children’s Hospital of Pittsburgh, Division of Infectious Diseases	Special Government Employee (SGE) Member

Gripshover, Barbara	05/31/2016	11/30/2019	Associate Professor of Medicine, University Hospitals Cleveland Medical Center, Case Western Reserve University, Division of Infectious Diseases and HIV Medicine	Special Government Employee (SGE) Member
Honegger, Jonathan	09/29/2015	11/30/2018	Assistant Professor of Pediatrics, Ohio State University College of Medicine, Nationwide Children's Hospital	Special Government Employee (SGE) Member
Kartsonis, Nicholas	07/01/2016	10/31/2019	Acting Section Head, Antibacterials/CMV, Vice President and Therapeutic Area Head, Infectious Diseases, Clinical Research Merck Research Laboratories	Representative Member
Lo Re, Vincent	09/29/2015	11/30/2018	Associate Professor of Medicine and Epidemiology, University of Pennsylvania, Perelman School of Medicine	Special Government Employee (SGE) Member
Ofotokun, Ighovwerha	12/27/2016	11/30/2020	Professor of Medicine, Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine	Special Government Employee (SGE) Member
Schaenman, Joanna	05/31/2016	11/30/2019	Associate Professor of Medicine, Division of Infectious Diseases, David Geffen School of Medicine at UCLA	Special Government Employee (SGE) Member
Weina, Peter	05/31/2016	11/30/2019	Physician, Chief, Department of Research Programs, WRNMMC	Regular Government Employee (RGE) Member

Number of Committee Members Listed: 15

Narrative Description

FDA’s strategic priorities in responding to the public health challenges of the 21st century are to advance regulatory science and innovation; strengthen the safety and integrity of the global supply chain; strengthen compliance and enforcement activities to support public health; expand efforts to meet the needs of special populations; advance medical countermeasures and emergency preparedness; advance food safety and nutrition; promote public health by advancing the safety and effectiveness of medical products; establish an effective tobacco regulation, prevention, and control program; and manage for organizational excellence and accountability. The Anti-Infective Drugs Advisory Committee supports FDA's strategic priorities by reviewing and evaluating available data concerning the safety and effectiveness of marketed and investigational human drug products for use in the treatment of infectious diseases and disorders and make appropriate recommendations to the Commissioner of Food and Drugs. This supports the development of safe and effective new medical technologies, and advances the status of the Agency as a science-based and science-led regulatory agency, providing global leadership in the protection of public health.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	✓
Trust in government	✓

Major policy changes	✓
Advance in scientific research	✓
Effective grant making	
Improved service delivery	
Increased customer satisfaction	✓
Implementation of laws or regulatory requirements	✓
Other	

Outcome Comments

N/A

What are the cost savings associated with this committee?

	Checked if Applies
None	
Unable to Determine	✓
Under $100,000	
$100,000 - $500,000	
$500,001 - $1,000,000	
$1,000,001 - $5,000,000	
$5,000,001 - $10,000,000	
Over $10,000,000	
Cost Savings Other	

Cost Savings Comments

The utilization of the Anti-Infective Drugs Advisory Committee enables the Agency to obtain required and frequently scarce professional services from medical and scientific experts not otherwise available to the Agency; and to obtain the services of these experts only on an as needed basis rather than on a full time basis. The service of the Committee resulted in advice for the improvement of the public health, for which it is difficult to assign a financial value.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

55

Number of Recommendations Comments

The Committee made 55 recommendations from FY-03 through FY-18.

What is the approximate Percentage of these recommendations that have been or

will be Fully implemented by the agency?
80%

% of Recommendations Fully Implemented Comments
The function of an advisory committee is purely advisory in nature. Although the FDA most often accepts the recommendations from its committees, the advice is purely advisory in nature, and therefore, the Agency has the option of not implementing the advice.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?
9%

% of Recommendations Partially Implemented Comments
The function of an advisory committee is purely advisory in nature. Although the FDA most often accepts the recommendations from its committees, the advice is purely advisory in nature, and therefore, the Agency has the option of not implementing the advice.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?
Yes ☑ No ☐ Not Applicable ☐

Agency Feedback Comments
It usually does. Product approval issues are first released to the sponsor. When appropriate, information is made available to the public. Actions related to guidance documents or other general matters are available publicly when implemented.

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	☑
Reallocated resources	☐
Issued new regulation	☑
Proposed legislation	☐
Approved grants or other payments	☐
Other	☑

Action Comments

FDA approves or chooses not to approve new medical products.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	✓
Online Agency Web Site	✓
Online Committee Web Site	✓
Online GSA FACA Web Site	✓
Publications	✓
Other	

Access Comments

N/A